



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 06-11
November 1, 2006

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Health Care Reform Implementation: Commonwealth Care Health Insurance Program-Phase One**

**Commonwealth
Care Health
Insurance Program**

The Commonwealth Care Health Insurance Program, commonly referred to as Commonwealth Care, connects eligible Massachusetts residents with approved health-insurance plans and helps them pay for those plans. Eligible members are given access to quality managed care and, in many cases, will have choices about where they receive care. Eligible members will no longer have to rely on the Uncompensated Care Pool (UCP) to pay for their health-care costs.

Commonwealth Care is **not** MassHealth, but is provided in coordination with the Office of Medicaid.

Financial eligibility is dependent on an individual's family group gross monthly income. Only those whose family group income is at or below 300% of the federal poverty level (FPL) are eligible. Enrollee contributions (premiums), if any, are based on the individual's family monthly income. Individuals with income at or below 100% of the FPL will not have any enrollee contributions.

Health insurance coverage will be through managed care organizations (MCOs), subject to state law and approved by Commonwealth Care.

This memo covers Phase 1 of the Commonwealth Care program, for those with income at or below 100% of the FPL. For individuals with income greater than 100% of the FPL and at or below 300% of the FPL, more information will be available soon and will be covered in another memo.

The Connector

An independent public authority called the Commonwealth Health Insurance Connector Authority (the Connector) has been created to manage the program. The Connector is overseen by a separate board of 11 private and public representatives, including the Medicaid Director.

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**Overview of
Commonwealth
Care Eligibility
Requirements**

Commonwealth Care members have the same rights and responsibilities as MassHealth members.

Eligibility requirements for Commonwealth Care are detailed on the Commonwealth Care Connector Web site at www.mass.gov/connector.

MassHealth will determine eligibility for Commonwealth Care, after the applicant has been determined ineligible for MassHealth. The following is an abbreviated list of the general rules for Commonwealth Care. This information is provided since MassHealth workers will perform Commonwealth Care eligibility activities on MA21.

Residence – Individuals must be Massachusetts residents. Commonwealth Care rules for residence follow established MassHealth/MA21 residence rules.

Age – Individuals must be aged 19 or older.

Income – The individual's family group income must be less than or equal to 300% of the FPL. Persons with family group income greater than 300% of the FPL are not eligible for Commonwealth Care.

Family – The MassHealth definition of "family" at 130 CMR 501.001 will apply to Commonwealth Care applicants and members.

Coverage Start Date – For individuals with income at or below 100% of the FPL, the medical coverage start date will be the first of the month following enrollment in an MCO. However, if a member chooses an MCO on the last two days of the month, the coverage start date **may** not be until the first day of the second month following enrollment. There is **no** retroactive coverage.

Health Insurance – Individuals must be uninsured and not eligible for any health-insurance program providing broad coverage, including MassHealth and Medicare.

- Individuals will not be eligible for Commonwealth Care if either of the following crowd-out provisions applies:
 - the employer provided health insurance within the previous six months and contributed at least 20% of the annual premium for family coverage or 33% for individual coverage; or
 - the individual accepted financial incentive from the employer to decline the employer's subsidized coverage.
- Aliens with special status who are eligible for MassHealth Limited (income at or below 100% of the FPL) may receive MassHealth Limited and Commonwealth Care.
- Individuals will not be eligible for Commonwealth Care if they are ineligible for MassHealth because they did not comply with required MassHealth administrative requirements.

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**MassHealth
Role and
Responsibility**

It is important to note that Commonwealth Care is **neither** a MassHealth program **nor** a MassHealth coverage type.

MassHealth will process Commonwealth Care eligibility determinations, including issuing system-generated eligibility notices, through MA21 for Commonwealth Care applicants and members. MassHealth is responsible for:

- processing applications at intake;
 - performing annual Commonwealth Care eligibility reviews and case maintenance activities through MA21;
 - verifying family income and other information used in the Commonwealth Care eligibility determination when the member provides MassHealth with the information by phone, mail, or in person;
 - answering basic questions about Commonwealth Care eligibility;
 - explaining eligibility notices;
 - referring Commonwealth Care applicants and members to Commonwealth Care Customer Service as needed at 1-877-MA-ENROLL (1-877-623-6765) (TTY : 1-877-623-7773 for people with partial or total hearing loss); and
 - coordinating with the Connector about eligibility on fair-hearing requests.
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**Health Insurance
Portability and
Accountability
Act (HIPAA)**

MassHealth's involvement in the Commonwealth Care eligibility determination process in no way alters the current MassHealth Permission to Share Information (PSI) and Eligibility Representative Designation (ERD) process in complying with the Health Insurance Portability and Accountability Act (HIPAA) policies.

**Commonwealth
Care Eligibility
Determinations**

All Commonwealth Care applicants and members must be screened for MassHealth eligibility before a Commonwealth Care eligibility determination can be made. MassHealth, through the Medical Benefit Request (MBR) or electronic MBR (EMBR) through the Virtual Gateway, will be the way that this population applies for Commonwealth Care.

Processing an MBR for MassHealth, Commonwealth Care, or UCP

All MBRs received by MassHealth will be subject to the new MassHealth eligibility logic, which additionally might result in a Commonwealth Care eligibility determination or a UCP eligibility determination (income greater than 300% and at or below 400% of the FPL). However, in order for MA21 to perform the Commonwealth Care eligibility determination or a UCP eligibility determination, all required verifications for MassHealth, including income, third-party recovery (TPR), and signature, must have been submitted.

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**Commonwealth
Care Eligibility
Determinations
(cont.)**

Applicants will be provided with the most comprehensive health-care benefit for which they may be eligible. MA21 systematically performs eligibility determinations in this order:

- MassHealth;
- Commonwealth Care; and
- Uncompensated Care.

MA21 Case Maintenance

Commonwealth Care members are responsible to report any changes to a MassHealth Enrollment Center (MEC), or its agent, within 10 days, as is required for MassHealth members. These changes may affect Commonwealth Care eligibility and include, but are not limited to, changes in residence, income, disability, health-insurance coverage, and immigration status.

MassHealth is responsible for performing eligibility reviews and maintenance activities (for example, profiling) to update eligibility status for Commonwealth Care members. Resulting changes may cause the Commonwealth Care member to:

- remain eligible for Commonwealth Care;
- become eligible for MassHealth and lose eligibility for Commonwealth Care;
- become ineligible for both MassHealth and Commonwealth Care;
- become eligible for UCP only; or
- become ineligible for MassHealth, Commonwealth Care, and UCP.

With each change entered into MA21 for a Commonwealth Care individual, MA21 will perform an eligibility determination for MassHealth before any Commonwealth Care determination can be made. When applicable, MA21 will generate the appropriate notice if there is a change in benefits.

**Phase I
Implementation of
Commonwealth
Care Health
Insurance Program**

This section addresses Phase I implementation of Commonwealth Care, which began on October 1, 2006. Information about Phase II implementation will be addressed in a later memo.

Phase I – Individuals with income at or below 100% of the FPL

Advance Notice for System-Generated Conversions – On September 25, 2006, individuals aged 19 and older with income at or below 100% of the FPL and currently eligible for UCP benefits (Cat AQ) and AWSS Limited (Cat 37) members on MA21 were sent an advance notice. Advance notices were sent to **individuals**, not to households.

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**Phase I
Implementation of
Commonwealth
Care Health
Insurance Program
(cont.)**

The advance notice explained that individuals may be eligible for Commonwealth Care based on current information in MassHealth's records and that there was no need to fill out a new application. Based on their current income, at or below 100% of the FPL, they will not have any enrollee contributions (premiums) and will have copayments of \$1 for generic drugs, \$3 for all other drugs, and \$3 for the nonemergency use of a hospital emergency department. The annual maximum copayments will be \$200 for pharmacy and \$36 for nonpharmacy services.

The notice also explained that they would receive information about available health plans in their areas. The available plans have basic benefits that include:

- inpatient care;
- outpatient services and preventive care by participating providers;
- prescription drugs;
- inpatient and outpatient mental health and substance abuse services;
- dental services including preventive and restorative procedures; and
- vision care.

The individual will remain eligible for UCP pending enrollment in an MCO and, once enrolled in an MCO, will receive services through Commonwealth Care.

The following individuals were excluded from the advance notice: members who are potentially disabled or undocumented, members who have an MA21 health-insurance status (HIN) of I (insured), A (access), S (self-declared), or P (potential – only if a parent(s) of MassHealth eligible children) on MA21, members who have Medicare A or B, and any Traditional member who have unverified assets or income.

Eligibility Determinations – Beginning October 1, 2006, all MA21 eligibility determinations include consideration for Commonwealth Care eligibility for individuals at or below 100% of the FPL. Applicants may be approved for Commonwealth Care if they meet all eligibility criteria.

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**Phase I
Implementation of
Commonwealth
Care Health
Insurance Program
(cont.)**

Conversion Process — From October 2006 through January 2007, MA21 will perform weekly conversions for all active UCP households and AWSS Limited individuals. These conversion notices will be mailed each Monday (or on Tuesday, if Monday is a holiday). Conversion notices will be sent to **households**, not to individuals.

As of September 18, 2006, there were an estimated 48,624 members to be converted. The tentative conversion schedule is:

October 2006	5,000	1,250 weekly
November 2006	14,541	2,908 weekly, including 10/30
December 2006	14,541	3,635 weekly
January 2007	14,542	3,635 weekly
Total	48,624	

Individuals will receive notices advising them of their approved eligibility for Commonwealth Care. These notices will include information about the enrollment package. The enrollment package will include information on the available MCO plans in their area, how to enroll, and when they need to enroll by. The package will also explain that coverage begins when the individual enrolls in an MCO.

**Commonwealth
Care Application
Process**

Individuals applying for MassHealth, Commonwealth Care, the Uncompensated Care Pool, and certain other MassHealth programs use the MBR. Applications can be submitted by the individual, the individual's eligibility representative, or Massachusetts hospital and community health center providers. Individuals can apply for benefits by either submitting a paper MBR or by applying through the Virtual Gateway, where available, to the Central Processing Unit (CPU) or at a MassHealth Enrollment Center (MEC).

Once the information has been entered or imported into MA21, the system makes a determination for MassHealth and requests verifications as needed. MA21 is now programmed to send verification requests to all individuals with income at or below 300% of the FPL, even if they are not categorically eligible for MassHealth.

If the verifications are submitted within MassHealth time standards, MA21 performs a final determination for a MassHealth program. If the applicant is ineligible for MassHealth (other than MassHealth Limited), MA21 will determine eligibility for Commonwealth Care and MA21 will send the appropriate notice.

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**Commonwealth
Care Application
Process**
(cont.)

If the verifications are not submitted within MassHealth time standards, MA21 will perform a final determination (ineligible for MassHealth, Commonwealth Care, and UCP due to failure to verify) and MA21 will send the appropriate denial notice.

Commonwealth Care Notices

If MA21 approves eligibility for Commonwealth Care, a notice will be sent advising the approval for Commonwealth Care. The notice will include an explanation that coverage is contingent upon enrollment in a Connector-approved MCO and the materials describing available plans and enrollment procedures will be sent separately. The notice will also include the Commonwealth Care Customer Service telephone number to enroll in an MCO. A denial for MassHealth will also be in the notice, or if eligible for MassHealth as an AWSS, an approval for MassHealth Limited.

If MA21 denies eligibility for Commonwealth Care, it will send a notice to the applicant advising them of the denial for MassHealth and Commonwealth Care and the reasons.

**Uncompensated
Care Pool (UCP)**

Commonwealth Care members are able to get care through the Uncompensated Care Pool (UCP) for services provided by the UCP until MCO enrollment. The Commonwealth Care approval notice serves as the UCP approval pending MCO enrollment.

Once enrolled in an MCO, members will receive services through Commonwealth Care.

**Managed Care
Organizations
(MCOs)**

Commonwealth Care applicants and members must enroll in a Connector-approved managed care organization (MCO) before health-insurance coverage begins. Following approval for Commonwealth Care, members will receive an enrollment package with the available MCO plans for their area. They will need to choose a MCO within 14 days from the date the enrollment package was mailed.

There are four MCOs, but plan availability depends upon where the member resides. The four plans are: Fallon Community Health Plan, Network Health, Neighborhood Health Plan, and Boston Medical Center HealthNet Plan.

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**Managed Care
Organizations
(MCOs)
(cont.)**

MCO Enrollment

It is the member's responsibility to choose a plan that meets their needs. Once eligibility is approved, members have two options for enrolling in a plan. Members can call Commonwealth Care Customer Service directly within the time limits to choose a plan. Or, members can review the enrollment materials for the MCOs servicing their area and complete and return the selection form within the time limits.

MCO Provided Benefits

The Connector imposes certain requirements on plans used by individuals with income at or below 100% of the FPL. All MCO Basic Benefit Plans approved for these members **must** include the following:

- inpatient services;
- outpatient services and preventive care by participating providers;
- prescription drugs;
- inpatient and outpatient mental health and substance abuse services;
- dental services including preventive and restorative procedures; and
- vision care.

These members will have copayments of \$1 for generic drugs, \$3 all other drugs, and \$3 for the nonemergency use of a hospital emergency department. The annual maximum copayments will be \$200 for pharmacy and \$36 for nonpharmacy services.

Automatic MCO Assignment

If the member fails to call and enroll in an MCO within the time limits, the Connector will assign (autoenroll) the member to an MCO. If the autoenrolled plan does not meet the member's needs, the member may call Commonwealth Care Customer Service within 60 days of assignment to change plans.

Health Insurance Cards

The MCO will issue health insurance cards to Commonwealth Care members to identify plan participation.

A MassHealth card will be issued only to Commonwealth Care members who are also approved for MassHealth Limited as an AWSS.

**Systems: MA21,
MMIS, and REVS**

MA21

MA21 screens have been updated to determine eligibility for Commonwealth Care.

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**Systems: MA21,
MMIS, and REVS
(cont.)**

MA21 Benefit Codes and MMIS Category Codes

The benefit and category codes for Commonwealth Care members in Phase I (with income at or below 100% of the FPL) are as follows:

Description	MA21 Benefit Code	MMIS Category Code
US Citizens & Qualified Aliens Income At or Below 100% of the FPL	CC	CN
AWSS Not eligible for Limited State funded (except MassHealth Limited) – Income At or Below 100% of the FPL	CC	CP
AWSS Eligible for Commonwealth Care with Limited State funded – Income At or Below 100% of the FPL	LC	BB

The MA21 Eligibility Result for an Individual screen (Snapshot screen)

Effective October 1, 2006, the MA21 Eligibility Results for an Individual screen (Snapshot screen) was updated to include information on Commonwealth Care. The highlighted sections were added.

(continued on next page)

**Systems: MA21,
MMIS, and REVS
(cont.)**

Snapshot Screen: Screen 1

The Commonwealth Care information is found in the CC Last Year field.
The indicator will be Y (Yes) or blank. A Y indicates Commonwealth Care
eligibility currently or in the last year.

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Scrolling performed.
Sep 25,06      ***** Eligibility Result for an Individual *****      1 more
>
-----Existing-----      -----Preliminary-----      -----New-----
-
*Ben *Cat *AR  End Dt      *Ben *Cat *AR  Exit      *Ben *Cat *AR  Start Dt
PA  97  01  10/09/06      XX  XX  14  D60      UP  AP      09/25/06
-----
DETMD031
-
Member Applying...: Y      FG: Appl: Y No: 01 Size: 2      Admin.:
Born after Sept'83:      %FPL: 276.8      Kids:      Prot... Cat:      AR:
Born to Elig Woman:      Incm: 3045.00      Ver.: Y      TMA... Cat:      By:
Preg:      Has Child:      No Parent FTE:      Strt:
QAC.: C MH Deduct:      Single Parent:
TPL.: I Medicare.:      UCF Ded: 4056.00      Result: R      Exit: F10
TPR.: HIV.....:      Alt.:
LTU.:      Working...: Y      Mem: Pass incm tst:      BCC Status:
      300      UP      BCC %FPL..:
Dsbl:      Pot Dsbl:      In Exp Group.:
CH:      Pot Blind:      Oth:      Notices
KA:      Pend DDU.:      CC Last Yr.:      Type: TERM-HCR
Prem Asst.:      Not MA Res:      MH Last Yr.: Y      VC1:      Bills Met:
CH/FP prem:      On-DTA Cat:      DMH.:      SSI:      VCT:      A16/17...:
Start Dt:      PACES Ben.:      Prot:      VCH:      Signature:
Name: LINDAC, IPNOTPARENT      SSN.: 268-78-3211 Not ver      Supl:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12--
-
      help  retrn quit      Calc      left  right main

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**Systems: MA21,
MMIS, and REVS
(cont.)**

Snapshot Screen 2

Snapshot screen 2 shows information about employer insurance availability.

The Employer Insurance Available section will be used for Commonwealth Care eligibility determinations. The indicators are Y (Yes), N (No), or blank.

A Y means the individual or family member worked for an employer who offered comprehensive health insurance in the last six months, and that the individual does not qualify for Commonwealth Care. An N means the individual or family member did not work for an employer who offered comprehensive health insurance in the last six months, and the individual qualifies for Commonwealth Care. If the indicator is left blank, no entry was made on the EHI screen for Question 2.

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Scrolling performed.
< 1 more ***** Eligibility Result for an Individual ***** 10:18
AM
-----Existing-----      -----Preliminary-----      -----New-----
-
*Ben *Cat *AR  End Dt  *Ben *Cat *AR  Exit      *Ben *Cat *AR  Start Dt
LI   37   81  09/14/06  LI   37           9AA      LC   BB   01  10/01/06
-----
DETMD032

-
QI....:
TPL.:      Appl:  FG:      Size:      SVES Resp.:
          %FPL:
Part-A Conf:  Incm:      Skip Elig Test:
          Asst:      Pass:
Job Related:      Referrals.:      LOC Status:
Empl Linked:      Appr Tier.:      CMSP:      DxR:      SSI Status:
Polc Linked:      Work QE...:      H/Start:      REF Status:
          Hldr QE...:
Ben Level...:      Is QE Hldr:      Expired...:      HIN Dropped:
SE/LE.....:      No Cost...:      AT:      HT:      Disq:
DxR Investg:      DMA Result:      PT:      TL:      Date:
DxR Confirm:      50% met...:      ESI Invest:      Emplr Ins Avail:Y
Resp Amount:      Prem Asst.:      ESI Enroll:      IP Crowd Out:  N

Name: LINDAC, CCHIPEHI      SSN: 124-87-8990 Not ver
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
-

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REVS and the MassHealth Card

Commonwealth Care members are not MassHealth members (with the exception of AWSS on MassHealth Limited). Commonwealth Care members will not be issued any type of health-insurance card through MassHealth, unless approved for MassHealth Limited.

Commonwealth Care eligible individuals will be eligible for UCP benefits until the MCO medical coverage date is in effect. Providers will see UCP eligibility until the third-party liability (TPL) message changes to the applicable MCO.

If a Commonwealth Care member presents a MassHealth card from previous eligibility (an old card), the card will not be valid.

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**Systems: MA21,
MMIS, and REVS
(cont.)**

REVS Messages

Upon Commonwealth Care approval, but before the individual has enrolled in an MCO, the REVS message will identify the member as eligible for UCP or MassHealth Limited, if AWSS. The UCP message advises that the individual has been approved for Commonwealth Care and must call the Connector to enroll in an MCO.

After enrollment in an MCO, the REVS message will identify the member as managed-care enrolled and provide the MCO information

**Commonwealth
Care Fair Hearing
Appeals**

MassHealth will coordinate with the Connector about fair-hearing requests. The MECs will be responsible for eligibility-related issues at fair hearings for Commonwealth Care members.

**Commonwealth
Care Contacts**

The Commonwealth Care Customer Service Center can be reached at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

The Connector Web site is at www.mass.gov/connector. There is a link to the Connector on the MassHealth Web site in the News and Updates box on the home page.

Attachments

This memo includes the following attachments:

- Advance Notice - Commonwealth Care
- Approval Notice - Commonwealth Care
- Approval Notice - Commonwealth Care with Limited (AWSS)
- Denial Notice - Commonwealth Care - ESI available within last six months (crowd-out provision)
- Denial Notice - Commonwealth Care - have insurance or access to insurance
- Denial Notice - Commonwealth Care - undocumented
- Exception Letter - included with the denial notice for crowd-out provision

The bolded sections on these sample MassHealth approval and denial notices indicate changes.

Questions

If you have any questions about this memo please have your MEC designee contact the Policy Hotline.



COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY

THE CONNECTOR

www.mass.gov/connector

September 2006

Introducing Commonwealth Care

We are pleased to let you know that you may soon be eligible to get health-insurance coverage through the Commonwealth Health Insurance Connector (the Connector). This new health insurance will provide you with a better way to meet your health-care needs than what is now available to you from the Uncompensated Care Pool (also called "Free Care").

You provided information about your family income that was used to approve you for services paid for by the Uncompensated Care Pool (UCP). Based on that information, you may soon qualify to enroll in **Commonwealth Care**, a new health-insurance program that will be offered through the Connector.

You do not have to file another application to get this coverage.

Please note that this new insurance is only for adults. If you have children, they will continue to get health benefits through MassHealth.

Membership in a health plan

The Connector will offer Commonwealth Care health-insurance coverage through a choice of private insurance plans and will help you enroll in an approved health plan. A health plan includes a group of providers, hospitals, and other professionals who work together. When you enroll, you will become a member of the health plan that you select. You will receive a health-insurance card from that plan to identify you as a member.

Information that you gave when you applied for the UCP indicates that your family income is not above the federal poverty level. At your income level, the Commonwealth Care health-insurance plan that you enroll in will cover:

- inpatient hospital services;
- outpatient services and preventive care;
- prescription drugs;
- inpatient and outpatient mental health and substance abuse services;
- dental services, including preventive and restorative procedures; and
- vision services.

You will get more information about how and where you can get those services, as well as information about any limits on these services, once you enroll.

People at your income level do not have to pay a premium to join a health plan.

Copayments for Commonwealth Care are \$1 for generic drugs, \$3 for all other drugs, and \$3 if you use a hospital emergency department when it is not an emergency. The most you can be charged in copayments within a calendar year is \$200 for pharmacy services and \$36 for other services.

We will send you more information

From October 2006 through January 2007, we will send letters to individuals whose family income is at or below the federal poverty level and who are eligible for Commonwealth Care based on the information they gave when they applied for the UCP.

If you meet the requirements of Commonwealth Care, the letter you get will tell you that you have been approved for Commonwealth Care. Shortly after, you will get information about the health plans you can choose from and how to make your choice. Then, you will get membership information from the health plan you selected. Please be sure to read all the information you get.

If necessary, you will be able to use the UCP until you enroll in a health plan. On the date your Commonwealth Care health-plan enrollment starts, your health services will be provided by your health plan, not the UCP.

What you need to do

- Respond to any requests for information you receive from MassHealth. Commonwealth Care is not MassHealth, but the MassHealth agency will determine who is eligible for the Commonwealth Care program on behalf of the Connector.
- Report and send in proof of any changes in income, employment, and health-insurance coverage.
- Tell us if you move.

You do not have to complete another application to get Commonwealth Care.

Make sure we have the right information about you

If your income or health-insurance status changes, you must report it within 10 days of the change. You may still be eligible for Commonwealth Care even if your income goes up, but different program rules may apply. You will receive more information about this if your income changes.

You must tell us if health insurance is offered to you or your spouse. In most cases, you cannot enroll in Commonwealth Care if you are able to sign up for health insurance provided through an employer. There are certain exceptions to this rule.

Questions

Starting October 2, 2006, if you have any questions or if you need to report any changes, please call the Commonwealth Care Customer Service Center at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss) between 8 A.M. and 5 P.M., Monday through Friday. You can also find out more about the Connector and Commonwealth Care on our Web site at www.mass.gov/connector.

Approval Notice-Commonwealth Care

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

550/DENY

Tel: (800) 322-1448
TTY: (888) 665-9997
Fax: (781) 485-3400

CW LIMITED
1 MAIN
BOSTON MA 02111-0000

Date: 08/02/2006

Notice: 1380577

SSN: 602-39-1111

Important! This health-care benefits notice tells you the decisions we have made about the programs that you may be eligible for. Please read the whole notice to find out about these health-care benefits.

***** COMMONWEALTH CARE *****

Dear CW LIMITED

The MassHealth Agency has decided that the following individuals listed below are eligible to enroll in a health plan from the Commonwealth Care Health Insurance Program. Your benefits begin after you have enrolled.

Names and ss#	Coverage Type	Benefit	CW
LIMITED		Effective Date	
602-39-1111	Commonwealth Care	8/02/06	

Commonwealth Care is a program run by the Commonwealth Health Insurance Connector (the Connector). Commonwealth Care is not a MassHealth program, but the MassHealth agency determines who is eligible for the Commonwealth Care program on behalf of the Connector.

Commonwealth Care is an insurance program that offers health care coverage through certain health plans.

The Connector will help Commonwealth Care members join a health plan and find providers that meet your needs. These plans offer services like preventive care, prescription drug coverage, hospitalization, and emergency room services. You will soon get a package in the mail that explains your choices and tells you how to sign up. Call the Customer Service Center at 1-877-623-6765 (1-877-MA-ENROLL) as soon you get that package. They can help you choose the right plan for you.

Based on the information you gave us about your income, you do not have to pay a premium to join a health plan.

Before you enroll into Commonwealth Care, you may be able to get services from a hospital or community health center. These services may be paid for by the Uncompensated Care Pool. For more information, call 1-877-910-2100.

If you have any questions about this Commonwealth Care Health Insurance Program decision, please call the number at the top of this notice.

***** MASSHEALTH *****

The MassHealth Agency has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN/DOB
LIMITED,CW	602-39-1111
LIMITED, JIM	602-23-1111

Reason and Manual Citation

You do not meet the immigration requirements for any benefits other than MassHealth Limited, and you do not meet the requirements to get MassHealth Limited because your family income is too high or because you do not meet MassHealth disability rules, or you are not under age 19, or you are not a parent of a child under 19. 130 CMR 501.001 504.002 505.002 505.008

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

***** UNCOMPENSATED CARE *****

MassHealth has decided that the Uncompensated Care Pool may be able to pay for services that the individual(s) listed below got at a Massachusetts hospital or community health center. You must pay co-pays and deductibles but you will not have to pay bills for the services you got.

Name SSN	Coverage Type	Family Deductible	Benefit Effective Date	Other
LIMITED, JIM 602-23-1111	Uncompensated Care	n/a	07/03/2006	

Please get in touch with your hospital or community health center to find out what services you can get without having to pay bills.

You must tell MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will let MassHealth determine the most complete coverage you qualify for.

If you have questions about this Uncompensated Care Pool decision, please call the number at the top of this notice. If you do not agree with this Uncompensated Care Pool decision, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you can call them at 1-877-910-2100. You may also call 1-877-910-210 for any questions you have about the Uncompensated Care Pool.

Approval Notice - Commonwealth Care with Limited (AWSS)

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

550/APPR

Tel: (800) 322-1448
TTY: (888) 665-9997
Fax: (781) 485-3400

CW LIMITED
1 MAIN
BOSTON MA 02111-0000

Date: 08/02/2006

Notice: 1380577

SSN: 602-39-1111

Dear CW LIMITED

The MassHealth Agency has decided that the following members of your family can get benefits.

Name SSN/DOB	Coverage Type	Benefit Effective Date	Other
LIMITED, CW 602-39-1111	Limited pending Commonwealth Care	07/23/2006	

MassHealth Limited coverage lets members get care for the medical services described in the MassHealth booklet under MassHealth Limited. This includes treatment for cancer that is considered to be emergency care. MassHealth Limited also covers emergency care for all other conditions and pays for labor and delivery. Organ transplants are not covered under MassHealth Limited.

Commonwealth Care is a program run by the Commonwealth Health Insurance Connector (the Connector). Commonwealth Care is not a MassHealth program, but the MassHealth agency determines who is eligible for the Commonwealth Care program on behalf of the Connector.

Commonwealth Care is an insurance program that offers health care coverage through certain health plans.

The Connector will help Commonwealth Care members join a health plan and find providers that meet your needs. These plans offer services like preventive care, prescription drug coverage, hospitalization, and emergency room services. You will soon get a package in the mail that explains your choices and tells you how to sign up. Call the Customer Service Center at 1-877-623-6765 (1-877-MA-ENROLL) as soon you get that package. They can help you choose the right plan for you.

Based on the information you gave us about your income, you do not have to pay a premium to join a health plan.

Members who get MassHealth Limited before their enrollment into a Commonwealth Care health plan will continue to receive emergency care from Commonwealth Care after you enroll, unless you receive a written notice that MassHealth Limited is ending.

Before you enroll into Commonwealth Care, you may be able to get services from a hospital or community health center. These services may be paid for by the Uncompensated Care Pool. For more information, call 1-877-910-2100.

You will soon get a MassHealth card if there are newly eligible MassHealth members in your family. They must use this card whenever they get medical services. Eligible members may use the card right away. MassHealth members who are eligible only for MassHealth Premium Assistance will not get a MassHealth card.

MassHealth members may get more benefits under other MassHealth coverage types if they send us proof of their immigration status or if they change their immigration status. The MassHealth booklet describes these coverage types.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

Denial Notice - Commonwealth Care – ESI avail within last six months (crowd-out provision)

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

550/DENY

Tel: (800) 322-1448
TTY: (888) 665-9997
Fax: (781) 485-3400

CW LIMITED
1 MAIN
BOSTON MA 02111-0000

Date: 08/02/2006

Notice: 1380577

SSN: 602-39-1111

Important! This health-care benefits notice tells you the decisions we have made about the programs that you may be eligible for. Please read the whole notice to find out about these health-care benefits.

Dear CW LIMITED

The MassHealth Agency has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN/DOB
CW LIMITED	602-23-1111

Reason and Manual Citation

You do not work for a small business; you do not meet the definition for long-term unemployment; you do not meet Division disability rules; you are not under age 19 or a parent of a child under 19. 130 CMR 505.002 505.006 505.005 501.001

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

***** UNCOMPENSATED CARE *****

MassHealth has decided that the Uncompensated Care Pool may be able to pay for services that the individual(s) listed below got at a Massachusetts hospital or community health center. You must pay co-pays and deductibles but you will not have to pay bills for the services you got.

Name SSN	Coverage Type	Family Deductible	Benefit Effective Date	Other
LIMITED, JIM 602-23-1111	Uncompensated Care	n/a	07/03/2006	*

*** You are not eligible for the Commonwealth Care Health Insurance Program because you had employer-sponsored health insurance available to you within the past six months. But you still may be eligible if you meet certain exceptions. It is important that you read the message about the Commonwealth Care Health Insurance Program that came with this notice. Follow the instructions on that message if you think you may be eligible for Commonwealth Care.**

Please get in touch with your hospital or community health center to find out what services you can get without having to pay bills.

You must tell MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will let MassHealth determine the most complete coverage you qualify for.

If you have questions about this Uncompensated Care Pool decision, please call the number at the top of this notice. If you do not agree with this Uncompensated Care Pool decision, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you can call them at 1-877-910-2100. You may also call 1-877-910-210 for any questions you have about the Uncompensated Care Pool.

Denial Notice – Commonwealth Care – Have Insurance or Access to Insurance

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

550/DENY

Tel: (800) 322-1448
TTY: (888) 665-9997
Fax: (781) 485-3400

CW LIMITED
1 MAIN
BOSTON MA 02111-0000

Date: 08/02/2006

Notice: 1380577

SSN: 602-39-1111

Important! This health-care benefits notice tells you the decisions we have made about the programs that you may be eligible for. Please read the whole notice to find out about these health-care benefits.

Dear CW LIMITED

The MassHealth Agency has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN/DOB
LIMITED, CW	602-23-1111

Reason and Manual Citation

You do not work for a small business; you do not meet the definition for long-term unemployment; you do not meet Division disability rules; you are not under age 19 or a parent of a child under 19. 130 CMR 505.002 505.006 505.005 501.001

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

***** UNCOMPENSATED CARE *****

MassHealth has decided that the Uncompensated Care Pool may be able to pay for services that the individual(s) listed below got at a Massachusetts hospital or community health center. You must pay co-pays and deductibles but you will not have to pay bills for the services you got.

Name	Coverage	Family	Benefit	Other
SSN	Type	Deductible	Effective Date	
LIMITED, CW	Uncompensated	n/a	07/03/2006	***
602-23-1111	Care			

***** You are not eligible for the Commonwealth Care Health Insurance Program because you already have other health insurance or may have access to other health insurance.**

Please get in touch with your hospital or community health center to find out what services you can get without having to pay bills.

You must tell MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will let MassHealth determine the most complete coverage you qualify for.

If you have questions about this Uncompensated Care Pool decision, please call the number at the top of this notice. If you do not agree with this Uncompensated Care Pool decision, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you can call them at 1-877-910-2100. You may also call 1-877-910-210 for any questions you have about the Uncompensated Care Pool.

Denial Notice - Commonwealth Care – Undocumented

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

550/DENY

Tel: (800) 322-1448
TTY: (888) 665-9997
Fax: (781) 485-3400

CW LIMITED
1 MAIN
BOSTON MA 02111-0000

Date: 08/02/2006

Notice: 1380577

SSN: 602-39-1111

Important! This health-care benefits notice tells you the decisions we have made about the programs that you may be eligible for. Please read the whole notice to find out about these health-care benefits.

Dear CW LIMITED

The MassHealth Agency has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN/DOB
CW LIMITED	602-23-1111

Reason and Manual Citation

You do not meet the immigration requirements for any benefits other than MassHealth Limited, and you do not meet the requirements to get MassHealth Limited because your family income is too high or because you do not meet Division disability rules, or you are not under age 19, or you are not a parent of a child under 19.130 CMR 501.001 504.002 505.002 505.008

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

***** UNCOMPENSATED CARE *****

MassHealth has decided that the Uncompensated Care Pool may be able to pay for services that the individual(s) listed below got at a Massachusetts hospital or community health center. You must pay co-pays and deductibles but you will not have to pay bills for the services you got.

Name	Coverage	Family	Benefit	Other
SSN	Type	Deductible	Effective Date	
LIMITED, JIM	Uncompensated	n/a	07/03/2006	****
602-23-1111	Care			

****** You are not eligible for the Commonwealth Care Health Insurance Program because you do not meet the immigration and citizenship requirements for Commonwealth Care. You may be eligible for Commonwealth Care if you send us proof of your immigration status or if there is a change to your status.**

Please get in touch with your hospital or community health center to find out what services you can get without having to pay bills.

You must tell MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will let MassHealth determine the most complete coverage you qualify for.

If you have questions about this Uncompensated Care Pool decision, please call the number at the top of this notice. If you do not agree with this Uncompensated Care Pool decision, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you can call them at 1-877-910-2100. You may also call 1-877-910-210 for any questions you have about the Uncompensated Care Pool.

_____ Office
MEC Street Address
MEC City, State, Zip

Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth

<Date: _____>
<SSN: _____>
<MEC: _____
<NUM: _____ Type: _____>

<Member's Name>
<Street Address>
<City, State, Zip>

This is an important message about the Commonwealth Care Health Insurance Program.

Based on the information you gave us about your income and family size, you could get health coverage from the Commonwealth Care Health Insurance Program. But MassHealth has information that you recently had health insurance offered to you from an employer. You cannot get Commonwealth Care if you were offered health insurance from an employer within the past six months.

You may get Commonwealth Care right away if you meet one of the exceptions listed below. Please put a checkmark (✓) in the space next to the letter (A or B) of the exception that you think you meet. You may need to contact the employer who offered this health insurance to find out more information about how much they contribute to the plans they offered. You must sign below. Return this form to the address below. You will receive another letter if MassHealth makes a new decision.

- () A. The employer who offered health insurance contributes less than 20% of the annual premium costs for a family plan.
- () B. The employer who offered health insurance contributes less than 33% of the annual premium costs for an individual plan.

Employee name: _____

Employer name: _____

Employer address: _____

Employer telephone number: _____

Signature of applicant/member or eligibility representative

Date

Return this signed form to:
Exceptions Department
P.O. Box 9212
Chelsea, MA 02150